

## Myths and Facts

To reduce the stigma of mental illness and encourage help seeking behavior in students, campuses must replace the myths with the facts about mental health.

### General Mental Health

**Myth:** There's no hope for people with mental illness.

**Fact:** There are more treatments, strategies, and community support systems than ever before, and more are in the works. People with mental illnesses lead active, productive lives.<sup>1</sup>

**Myth:** I can't do anything for a person with mental illness.

**Fact:** You can do a lot, starting with how you act and speak. You can create an environment that builds on people's strengths and promotes understanding. For example:

- Don't label people with words like "crazy," "wacko," or "loony" or define them by their diagnosis. Instead of saying someone is "a schizophrenic," say he or she "has schizophrenia." Don't say "a schizophrenic person," say "a person with schizophrenia." This is called "people-first" language, and it helps reduce the stigma associated with these labels.
- Learn the facts about mental health and share them with others, especially if you hear something that isn't true.
- Treat people with mental illnesses with respect and dignity, just as you would anybody else.
- Respect the rights of people with mental illnesses and don't discriminate against them when it comes to working with them. Like other people with disabilities, people with mental health problems are protected under federal and state laws.<sup>1</sup>

**Myth:** People with mental illnesses cannot tolerate the stress of holding down a job.

**Fact:** All jobs are stressful to some extent. Anyone is more productive when there's a good match between the employee's needs and the working conditions, whether or not the worker has a mental health disorder.<sup>1</sup>

**Myth:** People with mental health needs, even those who have recovered, tend to be second-rate workers.

**Fact:** Employers who have hired people with mental illnesses report good attendance and punctuality as well as motivation, good work, and job tenure on par with or greater than other employees. Studies by the National Institute of Mental Health (NIMH) and the National Alliance for the Mentally Ill (NAMI) show that there are no differences in productivity when people with mental illnesses are compared to other employees.<sup>1</sup>

**Myth:** People with mental illnesses are violent and unpredictable.

**Fact:** Actually, the vast majority of people with mental health conditions are no more violent than anyone else. You probably know someone with a mental illness and don't even realize it.<sup>1</sup>

**Myth:** Mental illnesses don't affect me.

**Fact:** Mental illnesses are surprisingly common; they affect almost every family in America. Mental illnesses do not discriminate—they can affect anyone.<sup>1</sup>

**Myth:** Mental illness is the same as mental retardation.

**Fact:** These are different disorders. Mental retardation is characterized by limitations in intellectual functioning and difficulties with certain daily living skills. In contrast, people with mental illnesses—health conditions that cause changes in a person's thinking, mood, and behavior—have varied intellectual functioning, just like the general population.<sup>1</sup>

**Myth:** Once people develop mental illnesses, they will never recover.

**Fact:** Studies show that most people with mental illnesses get better, and many recover completely. Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life.<sup>1</sup>

**Myth:** Therapy and self-help are a waste of time. Why bother when you can just take a pill?

**Fact:** Treatment varies depending on the individual. A lot of people work with therapists, counselors, friends, psychologists, psychiatrists, nurses, and social workers during the recovery process. They also use self-help strategies and community supports. Often they combine these with some of the most advanced medications available.<sup>1</sup>

### Suicide

**Myth:** People who talk about suicide won't really do it.

**Fact:** Almost everyone who commits suicide has given some clue or warning. Do not ignore suicide threats. Statements like "You'll be sorry when I'm dead," or "I can't see any way out." No matter how casually or jokingly said, these statements may indicate serious suicidal feelings.<sup>2</sup>

**Myth:** Talking about suicide may give someone the idea.

**Fact:** You don't give a suicidal person morbid ideas by talking about suicide. The opposite is true—bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.<sup>2</sup>

**Myth:** Sometimes a bad event can push a person to complete suicide.

**Fact:** Suicide results from serious psychiatric disorders rather than from any single event.<sup>3</sup>

**Myth:** Suicidal people are fully intent on dying.

**Fact:** Most suicidal people are undecided about living or dying. This is called "suicidal ambivalence." While a part of them wants to live, death seems like the only way out of their pain and suffering. They sometimes "gamble with death," leaving it up to others to save them.<sup>3</sup>

